



STATE OF MARYLAND

# DMMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

## Office of Preparedness & Response

Sherry Adams, R.N., C.P.M., Director

Isaac P. Ajit, M.D., M.P.H., Deputy Director

February 27, 2010

## Public Health & Emergency Preparedness Bulletin: # 2010:07 Reporting for the week ending 02/20/10 (MMWR Week #07)

### CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
Maryland: Yellow (ELEVATED)

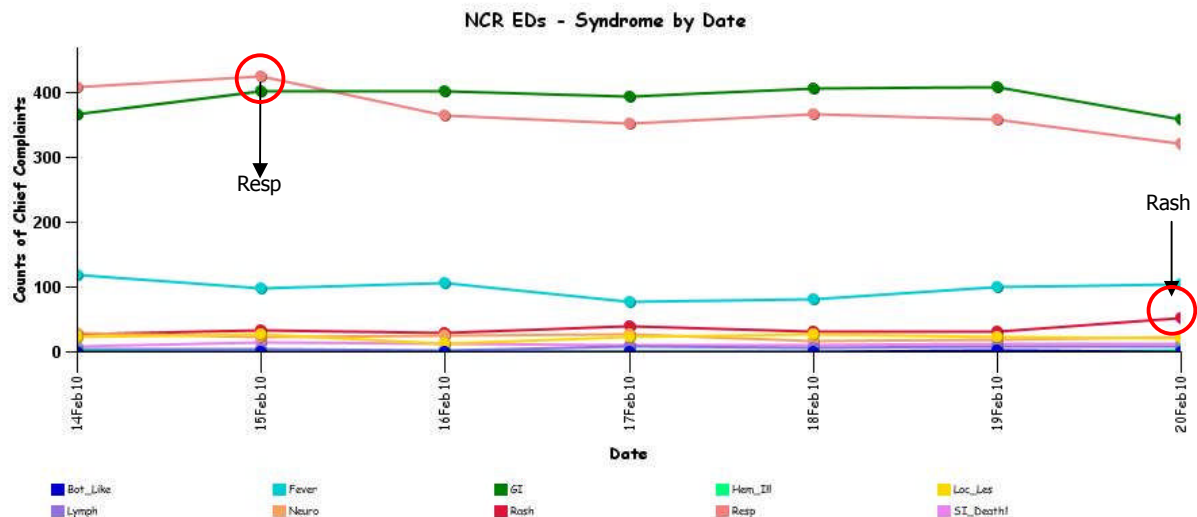
### SYNDROMIC SURVEILLANCE REPORTS

#### ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled.

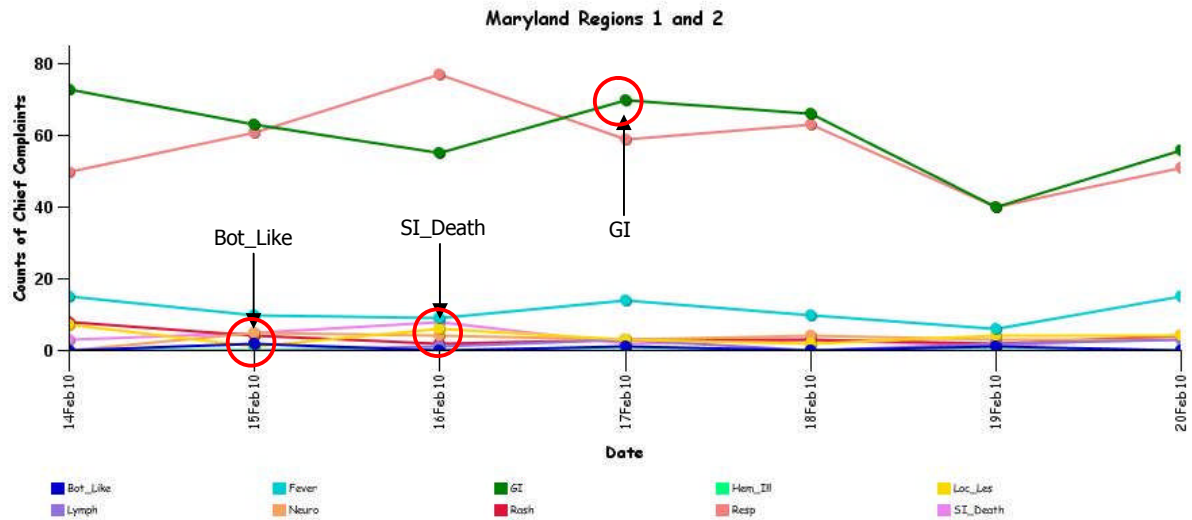
Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

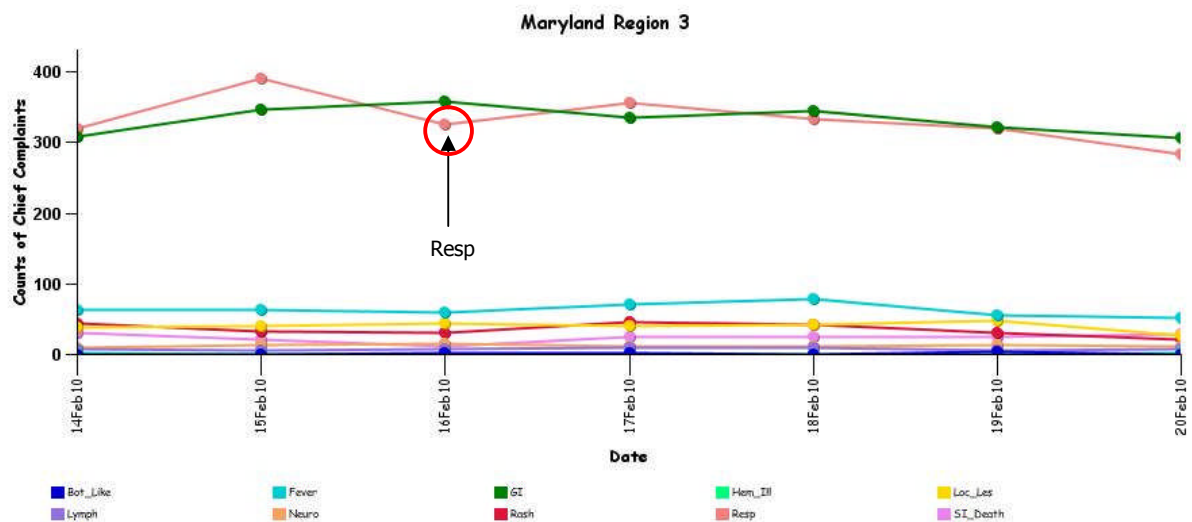


\* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

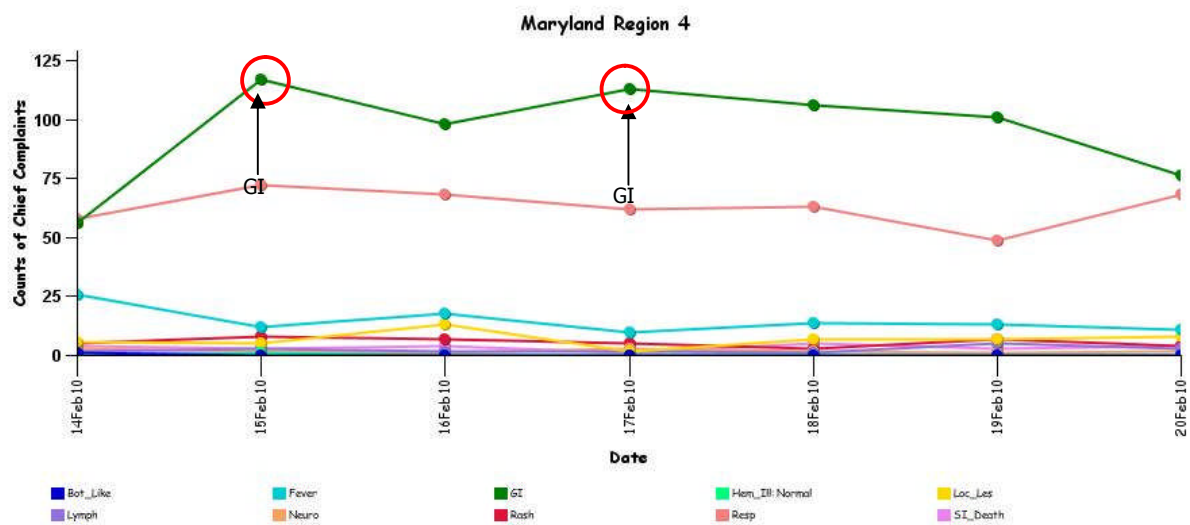
## MARYLAND ESSENCE:



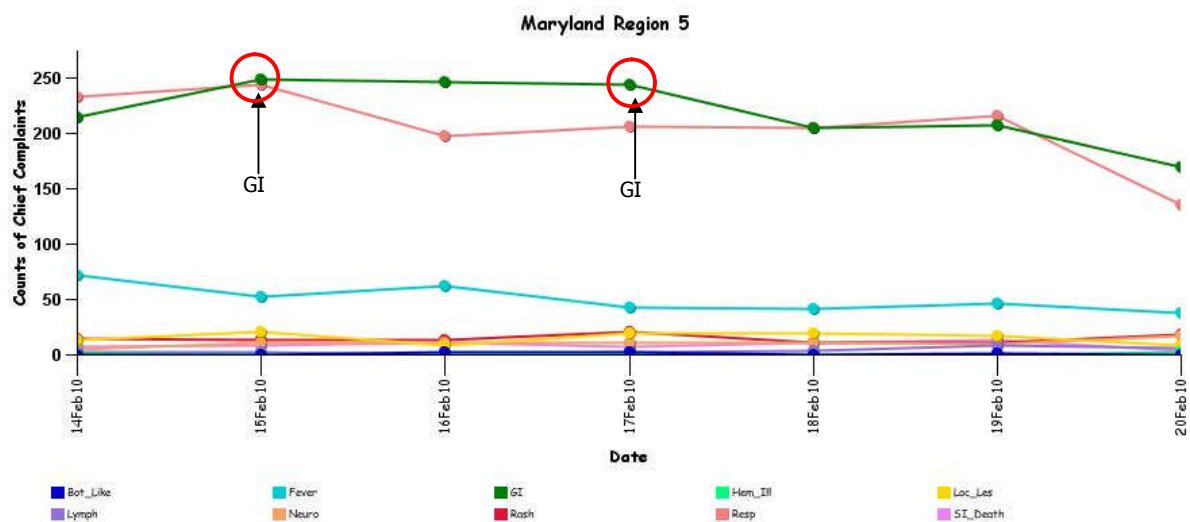
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



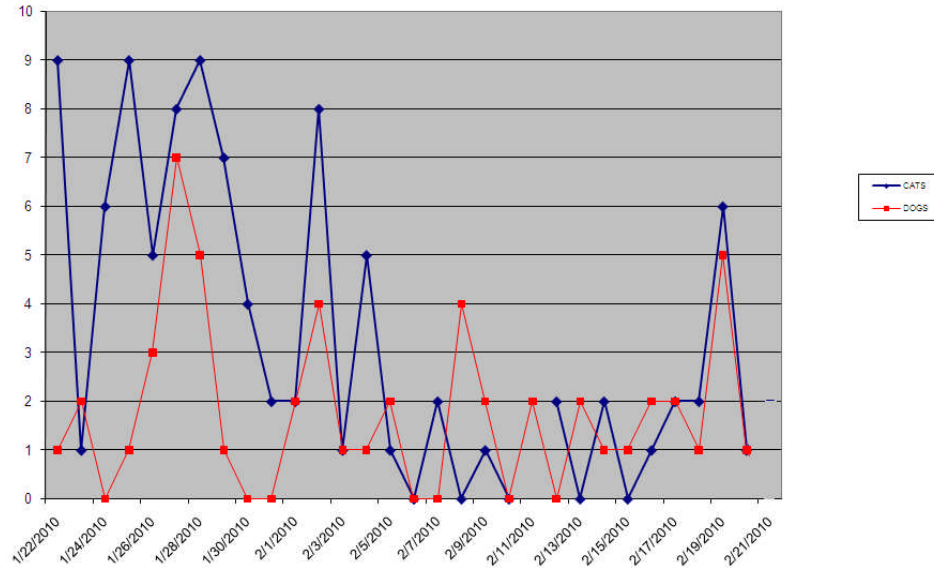
\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

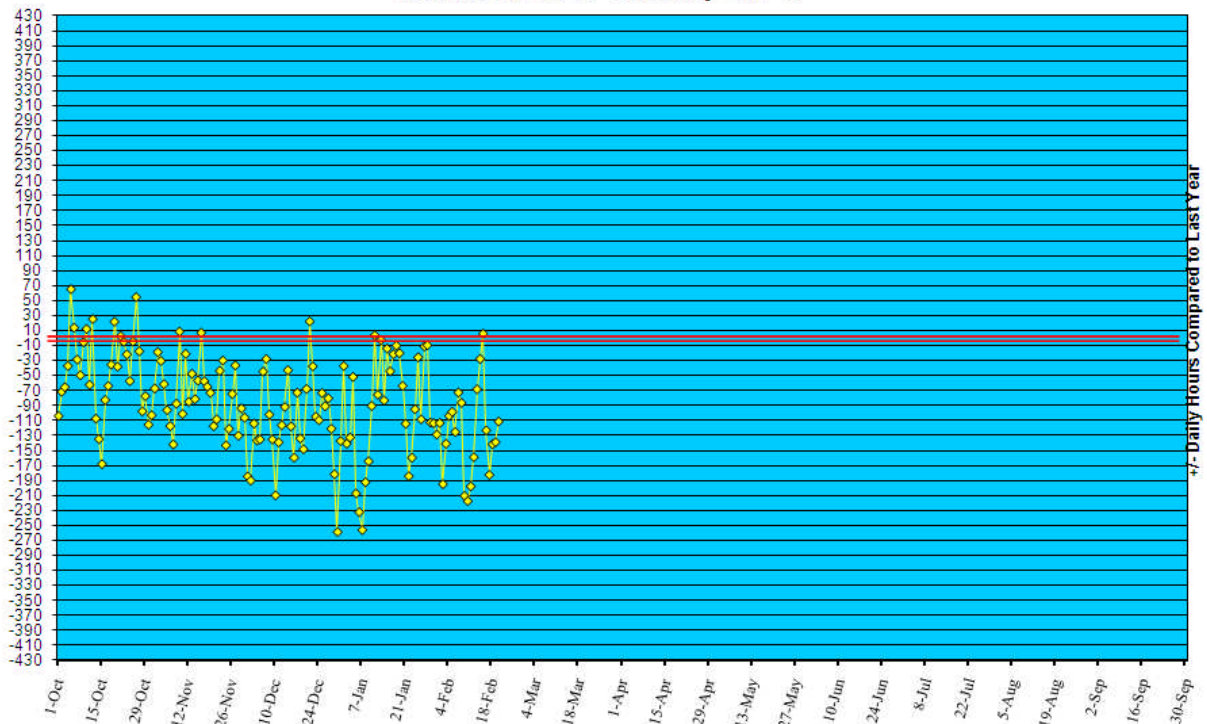
Dead Animal Pick-Up Calls to 311



#### REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/09.

Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '09 to February 20, '10



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2010 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Feb 14- Feb 20, 2010):	18	0
Prior week (Feb 7- Feb 13, 2010):	05	0
Week#07, 2009 (Feb 15- Feb 21, 2009):	06	0

**11 outbreaks were reported to DHMH during MMWR Week 7 (February 14-February 20, 2010)**

### **9 Gastroenteritis outbreaks**

5 outbreaks of GASTROENTERITIS in Nursing Homes  
3 outbreaks of GASTROENTERITIS in Assisted Living Facilities  
1 outbreak of GASTROENTERITIS in an Institution

### **2 Respiratory illness outbreaks**

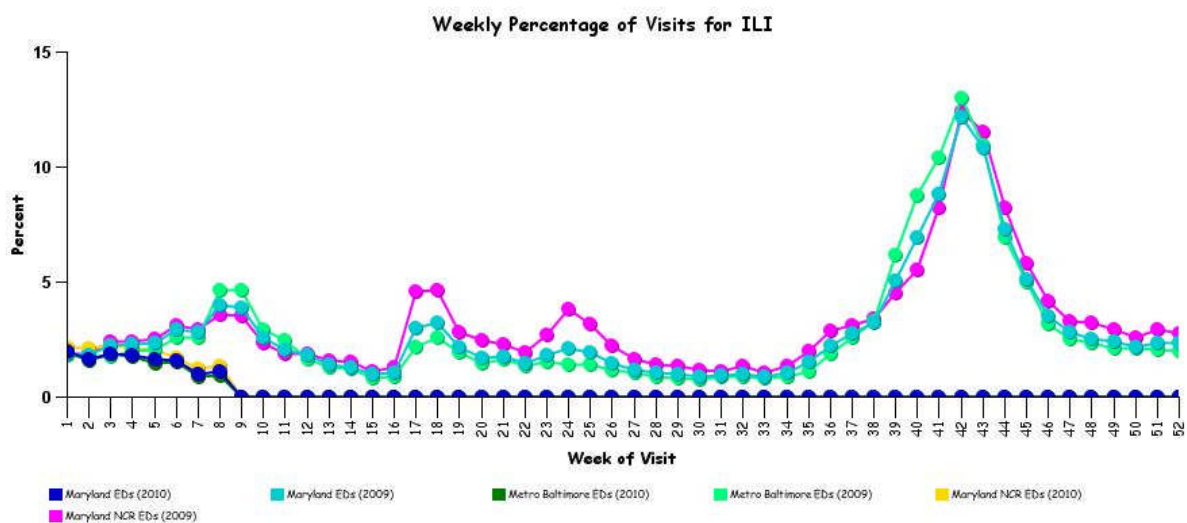
1 outbreak of PNEUMONIA in an Assisted Living Facility  
1 outbreak of ILI in a Nursing Home

**MARYLAND INFLUENZA STATUS:** Influenza activity in Maryland for Week 07 is SPORADIC.

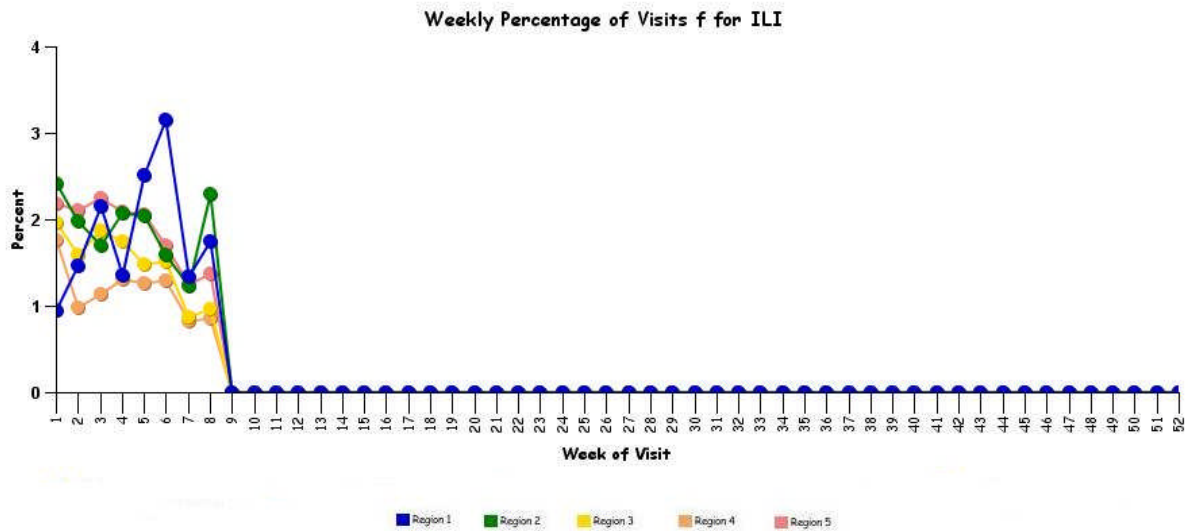
## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



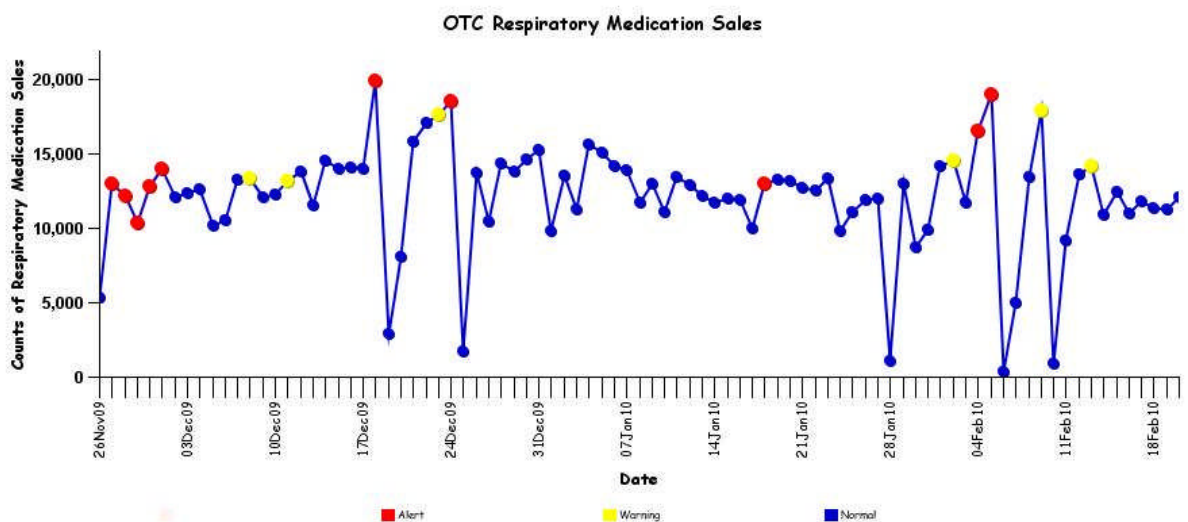
\* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



\*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.





## **PANDEMIC INFLUENZA UPDATE:**

**WHO Pandemic Influenza Phase:** Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

**US Pandemic Influenza Stage:** Stage 0: New domestic animal outbreak in at-risk country

\*\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:  
[http://preparedness.dhmmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex\(Vers7.2\).pdf](http://preparedness.dhmmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex(Vers7.2).pdf)

## **AVIAN INFLUENZA-RELATED REPORTS:**

**WHO update:** As of February 17, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 478, of which 286 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

**AVIAN INFLUENZA, HUMAN (EGYPT):** 20 Feb 2010, A statement released by the Ministry of Health on Friday 19 Feb 2010 confirmed 2 new bird flu [avian influenza H5N1 virus infection] cases in Egypt, bringing the total number to 102. The 101st case is a 13-year-old boy from Kafr El-Sheikh governorate. The 102nd case is a 30-year-old woman from Qellin city, Kafr El-Sheikh governorate.

**AVIAN INFLUENZA (VIET NAM):** 20 Feb 2010, Bird flu has recurred in Nam Dinh and Soc Trang provinces in Viet Nam with 2 flocks of ducks testing positive for the H5N1 virus, a local newspaper reports. The avian influenza virus was detected in a flock of 630 ducks belonging to a farmer in southern province of Soc Trang's Thanh Thoi Thuan Commune after 500 of them died during the Tet (Lunar New Year) holiday. The remaining ducklings in the flock were reportedly killed. None of the 45-day-old ducks had been vaccinated. In the northern province of Nam Dinh's Nghi An Commune, bird flu hit a 7-month-old flock. Provincial animal health officials killed all 270 ducks in an effort to contain the disease.

## **H1N1 INFLUENZA (Swine Flu):**

**INFLUENZA PANDEMIC (H1N1), WORLD HEALTH ORGANIZATION UPDATE:** 19 Feb 2010, The pandemic (H1N1) 2009 influenza virus outbreak remains moderate and its effects are probably closer to those of 1957 and 1968 than the far more deadly 1918 version, the World Health Organization (WHO) said on Monday [17 Jan 2010]. Margaret Chan, WHO director-general, also said the H1N1 pandemic appeared to be easing in the northern hemisphere but could still cause infections until winter ends in April. It was too soon to say what would happen once the southern hemisphere enters winter and the virus becomes more infectious. "An event similar to the 1918 pandemic was feared when what happened was probably closer to the 1957 or 1968 pandemics," Chan said in a speech opening a week-long meeting of the WHO's executive board. The 1918 pandemic, known as the Spanish flu, swept around the world at the end of World War One, killing some 40-50 million people. Governments have taken appropriate steps this time to protect their populations and will ultimately earn "the highest marks," said Chan, a former health director of Hong Kong. "Though the burden on emergency rooms and intensive care units has been heavy, nearly all health systems have coped well." Populations should continue to be vaccinated, she added, reiterating that the vaccine was safe and effective. In public health crises, it was better to "err on the side of caution," Chan said. "I believe we would all rather see a moderate pandemic with ample supplies of vaccine than a severe pandemic with inadequate vaccine." Nearly 14 000 official deaths have been reported by more than 200 countries since the virus emerged in North America last April [2009], but it will take at least 1-2 years after the pandemic ends to establish the true toll, she said. WHO experts say the actual death rate could be much higher than the number of laboratory-confirmed cases so far. Data on H1N1 outbreaks in Africa were scarce, she warned. "We are concerned that some countries in the western part of the continent remain susceptible to intense waves of transmission," Chan said.

**INFLUENZA PANDEMIC (H1N1), CHINA, TRAVEL ALERT:** 15 Feb 2010, China's Health Ministry has urged vulnerable groups to get swine flu [influenza pandemic (H1N1) 2009 virus] vaccinations or limit travel during the upcoming Chinese Lunar New Year holiday due to the spread of the pandemic A (H1N1) virus. "Pregnant women, children, the elderly, obese people, and those with chronic diseases should avoid public travel during the peak period of Spring Festival travel," the Ministry said in a statement posted on its website late Wednesday [13 Jan 2010]. Such vulnerable groups should also get swine flu vaccinations and steer clear of crowded public places and people showing obvious flu symptoms, it said. The Ministry also urged for prevention measures to be stepped up, including wearing face masks, frequently washing hands and getting early medical checkups for coughs and other flu symptoms, it said. Tens of millions of people are expected to pack into trains, planes, and buses during the upcoming Lunar New Year travel period when Chinese return to their hometowns and villages for annual family reunions. This year's travel period extends from 30 Jan 2010 to 10 Mar 2010. Lunar New Year's Day, or the start of the traditional Spring Festival, falls on 14 Feb 2010. Last week [week of 14 Jan 2010], the Ministry announced it had recorded 659 swine flu deaths in China in 2009, nearly all of them in the last 2 months of the year, and warned that the danger of mass outbreaks still existed in certain areas. The total number of pandemic A (H1N1) infections recorded in 2009 stood at 120 940, it said. At the end of October [2009], the reported death toll stood at just 6. The number of recorded deaths then spiked, reaching about 180 at the start of December [2009] and 659 by the

end of the month. On Wednesday [13 Jan 2010], the Ministry said it had recorded 2173 new cases of the swine flu and 51 deaths due to the disease from 4 Jan to 10 Jan 2010.

**INFLUENZA PANDEMIC (H1N1), USA (SOUTH DAKOTA) NATIVE AMERICANS:** 14 Feb 2010, Influenza pandemic (H1N1) 2009 virus infection kills Native Americans and Alaskan Natives at 4 times the rate of the rest of the population, making immunizations critical for native people, say national health experts. "The virus has hit Indian Country especially hard," said Kathleen Sebelius, United States Health and Human Services (HHS) Secretary. Sebelius joined Dr. Yvette Roubideaux, director of Indian Health Services, and Dr. Ralph Bryan of the Centers for Disease Control and Prevention (CDC), in a teleconference Tuesday [12 Jan 2010] to introduce HHS's new public service announcements. The announcements, starring Cherokee [Native American] actor Wes Studi, focus on promoting [pandemic] H1N1 immunization in native populations. Sebelius said more Native Americans die from [pandemic] H1N1 complications because the population has a higher rate of underlying health issues, such as asthma, diabetes and heart disease. The health issues combined with an inability to access health care in remote reservation communities puts Native Americans at greater risk. But it's a risk that can be lessened with [pandemic] H1N1 immunizations, Sebelius said. "It's an essential lifesaving message," she said. "Get vaccinated now." Nationwide, 136 million doses of the H1N1 vaccine have been shipped throughout the country. In the initial stages of immunizations, vaccines were distributed only to high risk groups such as young children and pregnant women. All Americans are now eligible for the free vaccine. More than 60 million people have been vaccinated so far. H1N1 immunizations are available at all IHS [Indian Health Services] facilities, as well as at public clinics in most states, Roubideaux said. With a 3rd wave of the virus expected, the Indian Health Services, HHS and CDC are warning Native people not to become complacent in light of the current lull in flu cases. There have been 23 influenza-related deaths in South Dakota with 6 in Pennington County, 2 in Shannon and Todd counties and one in Buffalo County. The state Department of Health calls the current state of flu activity "sporadic," but that could easily change, Roubideaux said. "We're concerned that there may be a 3rd wave of [pandemic] H1N1 cases coming up," Roubideaux said. "I know that getting the vaccine can be something that people easily put off ... The flu is an unpredictable disease. We don't know when the 3rd wave will hit. What we do know is that it's extremely dangerous."

#### **Resources:**

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmf.maryland.gov/swineflu/>

#### **NATIONAL DISEASE REPORTS**

**SALMONELLOSIS, SALAMI, RED PEPPER (USA):** 19 Feb 2010, The company at the heart of a nationwide outbreak of salmonella-related illness linked to salami says it has detected the bacterium in sealed containers of red pepper from 2 suppliers, raising concerns that other food makers may have used tainted spices. The results reported by Daniele Inc. need to be confirmed by a government laboratory, but federal investigators are examining whether other food manufacturers supplied by the Wholesome Spice Co. of New York and Mincing Overseas Spice Co. of New Jersey bought tainted spices. At least 230 people in 44 states and the District [of Columbia/Washington DC] have fallen ill from the outbreak, and about [a quarter] have been hospitalized. Wholesome Spice said none of the tests by government officials has detected salmonella in its products. Mincing Overseas did not return calls seeking comment. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS**

**Q FEVER (NETHERLANDS):** 20 Feb 2010, A total of 2 new farms have been declared to be infected with Q-fever. This relates to a dairy goat farm in Luntenen (Gelderland province) with approximately 1160 animals and a dairy goat farm in Zuidermeer, in the North-Holland municipality of Koggenland with 850 animals. The pregnant animals on the infected farms are to be culled. There are currently 75 officially declared Q-fever infected dairy farms in the Netherlands, 73 of goats and 2 of sheep. The Food and Consumer Product Safety Authority (VWA) of the Ministry of Agriculture put warning signs on the 2 new farms. The Ministers of Health and Agriculture have sent letters with information to all those living in the area of 5-km [3 mile] radius around the 2 farms. For the Luntenen farm this relates to the residents of the municipalities Barneveld, Ede, Renswoude, Scherpenzeel and Veenendaal. For the farm in Zuidermeer, it concerns the residents of the municipalities Koggenland, Beemster, Hoorn, Medemblik and Opmeer. (Q Fever is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (INDONESIA):** 16 Feb 2010, At least 420 people in Sidomulyo, South Lampung regency, have been infected with the mosquito-borne chikungunya [virus] since early in the month [January 2010], prompting local health authorities to declare the outbreak an emergency. A top official at the local health agency, Kristi Endrawati, told Antara news agency in Kalianda on Tuesday [16 Feb 2010] that the disease had spread from one village to another within a relatively short time. She said the *Aedes aegypti* mosquito, which carries the chikungunya virus and spreads it to humans through its bite, was rapidly reproducing in cacao plantation areas in the regency. "The cacao pod can hold water and become a mosquito nest which contributes to the spread of the *Aedes aegypti* mosquito. It is impossible to fog all the plantations since they are too big and it is not effective. We only fog residential areas," she said. Once infected with chikungunya [virus], victims develop a high fever, reddish spots, joint pain, vomiting, flu symptoms, and headaches. Officials from the agency have campaigned to ask local people to cover all water



catchments and clean all ponds periodically to reduce the number of mosquitoes in the area especially during the rainy season. Earlier this year [2010], over 12 000 people in Lampung were recorded to have contracted the disease, the highest recorded number in the last 10 years. (Emerging Infectious Disease is listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**FOODBORNE ILLNESS, FATAL (SRI LANKA)** 14 Feb 2010, Many of the students who were hospitalized due to poisoning of food in the Matale district have left the hospitals. According to Police Spokesman SP Prishantha Jayakodi, a total of 114 students from 3 schools in Matale were admitted to the hospital after consuming the noon meal provided to them by the school on 10 Feb 2010. A grade 4 student of the Buddhagosa Vidyalaya died on admission to the hospital. One supplier has supplied food to all 3 schools. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)

#### **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Sadia Aslam, MPH  
Epidemiologist  
Office of Preparedness and Response  
Maryland Department of Health & Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201  
Office: 410-767-2074  
Fax: 410-333-5000  
Email: [SAslam@dhmh.state.md.us](mailto:SAslam@dhmh.state.md.us)